

# Cultural Factors that Protect Against Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations



2023

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# Introduction

**Over 9.7 million American Indian/Alaska Native (AI/AN) people live in the United States (U.S.) today. Each of them has family origins from the indigenous peoples of the Americas and maintains affiliation with at least one of 574 federally recognized tribes.**<sup>1</sup> These tribes all possess unique cultures, languages, and traditions and are not homogenous. They have experienced considerable violence and discrimination, including forced relocation, assimilation, and trauma. Decades of institutional denial of access to federal programs and benefits have resulted in significant health and socioeconomic disparities for AI/AN people that continue into the present day.

AI/AN people account for less than three percent of the U.S. population, but experience some of the highest rates of physical and behavioral health problems.<sup>2</sup> AI/AN people have a lower life expectancy than the general population and significantly higher mortality rates from substance-misuse-related conditions such as heart disease, chronic liver disease, cirrhosis, injury, and suicide.<sup>3</sup> Compared to other racial and ethnic groups, AI/AN people have disproportionately high rates of alcohol, methamphetamine, tobacco, and opioid misuse.<sup>4</sup><sup>5</sup><sup>6</sup> Most recently, the COVID-19 pandemic

had a disproportionately negative impact on the health and well-being of AI/AN populations.<sup>7</sup> This is largely due to these existing underlying health disparities and AI/AN's limited access to equitable, high-quality health care services.<sup>8</sup>

Despite these negative outcomes, AI/AN communities are highly resilient. This resilience developed out of a fundamental need for survival as their cultures, lands, and families were systematically taken from them over generations.<sup>9</sup> Although tribes are not homogenous, AI/AN cultures tend to be strengths-based, community-oriented, and highly spiritual.<sup>10</sup> Some of the strengths of AI/AN communities include a large network of extended family and kinship ties, indigenous generational wisdom, and possessing a sense of collective responsibility for others.<sup>11</sup> Studies have shown that engaging with cultural beliefs, values, and practices promote AI/AN resilience and positive physical and behavioral health outcomes.<sup>12</sup> These cultural markers shape the way people see the world and are impossible to disentangle from individual beliefs, values, and interactions.





# Section 1.

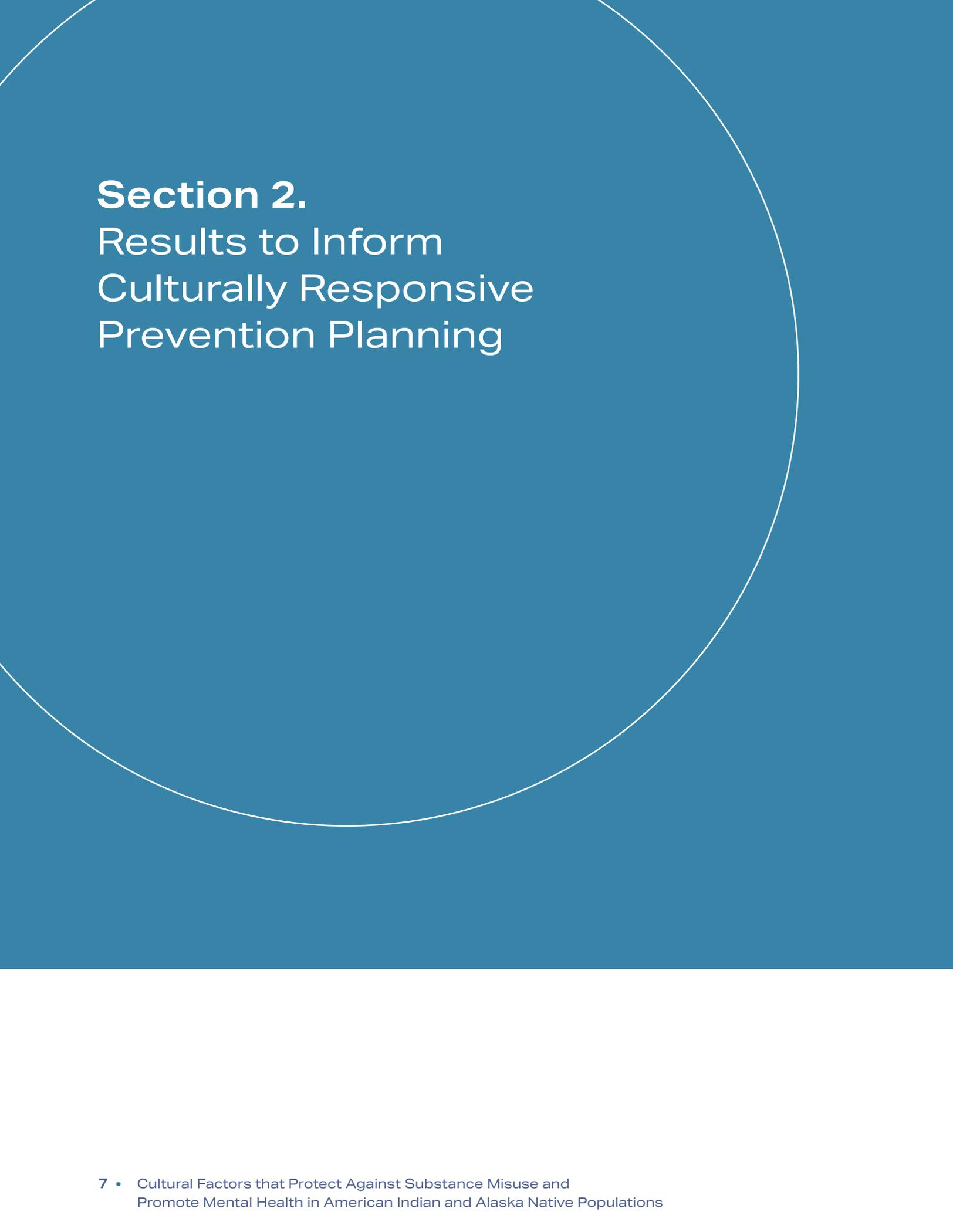
## Research Findings on Cultural-Specific Risk and Protective Factors

**Understanding culturally relevant factors that contribute to or mitigate substance misuse helps tribal communities assess, plan for, and select programs, practices, and policies to address them.**

This document summarizes research findings on cultural-specific risk and protective factors associated with substance misuse and mental well-being among AI/AN populations.<sup>13</sup> Overall, these findings show that AI/AN peoples who maintain a connection to their culture seem to have a reduced likelihood of substance misuse.

The literature reviews informing this product yielded 38 studies (see Appendix A for methodology). Of these, 14 met the inclusion criteria and highlighted three risk and 16 protective cultural factors directly linked to substance misuse and/or to indicators of well-being known to be associated with substance misuse.<sup>14</sup> Results are presented in the tables below. Some of the cultural factors identified include AI/AN identity, placing great importance on traditional AI/AN values, living by traditional ways, and (re)connecting to AI/AN culture. Most studies (n = 13) found that cultural factors were protective against substance misuse or promoted well-being. A few studies (n=3) found attacks on AI/AN cultural heritage were linked to increased risk for substance misuse.

Given the diversity of AI/AN cultures across tribes, generalizing risk and protective factors for substance misuse erodes important nuances necessary to develop culturally responsive prevention services. Respect for AI/AN populations and their unique cultures – as defined by those who experience it – is imperative.<sup>15</sup> Prevention professionals should not assume that any of the factors identified in this document are present among the peoples they serve. However, they can use the information within it as a starting point for better engaging in culturally responsive prevention planning.



## **Section 2.** Results to Inform Culturally Responsive Prevention Planning

**Table 1. AI/AN Cultural Heritages as Protective**

Protective Factor	Outcome	Population	Citation
<b>Identity</b>			
<b>American Indian identity</b>	<ul style="list-style-type: none"> <li>Protective family and peer influence</li> <li>Social support</li> </ul>	American Indians	Baldwin, J. A. et al. (2011). Culture and context: Buffering the relationship between stressful life events and risky behaviors in American Indian Youth. <i>Substance Use &amp; Misuse, 46</i> (11), 1380-1394.
<b>Ethnic identity</b>	<ul style="list-style-type: none"> <li>Lower odds of having smoked in the past month</li> <li>Lower odds of engaging in experimental smoking</li> </ul>	California American Indian youth	Soto, C. et al. (2015). Stressful life events, ethnic identity, historical trauma, and participation in cultural activities: Associations with smoking behaviors among American Indian adolescents in California. <i>Addictive Behaviors, 50</i> , 64-69.
<b>Strong tribal identity</b>	<ul style="list-style-type: none"> <li>Lower odds of polysubstance use</li> </ul>	Youth and young adult tribal members residing on or near a reservation in the Northern Plains	Brockie, T. N. et al. (2022). Cultural protection from polysubstance use among Native American adolescents and young adults. <i>Prevention Science, 23</i> , 1282-1298.
<b>Traditional Values and Practices</b>			
<b>Cultural connectedness</b>	<ul style="list-style-type: none"> <li>Decreased risk for depression</li> <li>Better mental health/well-being</li> </ul>	Adults who identified as Urban Dwelling Native American	Masotti, P. et al. (2023). The Culture is Prevention Project: Measuring cultural connectedness and providing evidence that culture is a social determinant of health for Native Americans. <i>BMC Public Health, 23</i> , 741.
<b>Greater importance ascribed to traditional Indian values</b>	<ul style="list-style-type: none"> <li>Positive family functioning</li> <li>Less lifetime meth use</li> <li>Low or no substance use during pregnancy</li> </ul>	Pregnant American Indian teens from rural reservation communities in the Southwest US	Barlow, A. et al. (2010). Examining correlates of methamphetamine and other drug use in pregnant American Indian adolescents. <i>American Indian &amp; Alaska Native Mental Health Research: The Journal of the National Center, 17</i> (1), 1-24.

Protective Factor	Outcome	Population	Citation
Living by traditional way	<ul style="list-style-type: none"> <li>Positive family functioning</li> <li>Less lifetime meth use</li> </ul>	Pregnant American Indian teens from rural reservation communities in the Southwest US	Barlow, A. et al. (2010). Examining correlates of methamphetamine and other drug use in pregnant American Indian adolescents. <i>American Indian &amp; Alaska Native Mental Health Research: The Journal of the National Center</i> , 17(1), 1-24.
More social network members participating in traditional practices	<ul style="list-style-type: none"> <li>Lower intentions to use alcohol</li> </ul>	Young AI/AN adults living in an urban area	D'Amico, E. J. et al. (2023). Risk and protective factors of social networks on alcohol, cannabis, and opioid use among American Indian/Alaska Native emerging adults. <i>Psychology of Addictive Behaviors</i> . Advance online publication.
Cultural beliefs and experiences that make life enjoyable and provide meaning	<ul style="list-style-type: none"> <li>Lower suicide risk</li> </ul>	Rural Alaskan Yup'ik youth	Allen, J. et al. (2018). Multi-level cultural interventions for the prevention of suicide and alcohol risk with Alaska Native youth: A non-randomized comparison of treatment intensity. <i>Prevention Science</i> , 19(2), 174-185.
Sharing traditional cultural practices across generations	<ul style="list-style-type: none"> <li>Lower risk of fetal alcohol spectrum disorder (FASD)</li> </ul>	Portland metro area American Indian/Alaska Natives	Gonzales, K. L. et al. (2021). An Indigenous framework of the cycle of fetal alcohol spectrum disorder risk and prevention across generations: Historical trauma, harm, and healing. <i>Ethnicity &amp; Health</i> , 26(2), 280-298.
<b>Community</b>			
Raised in rural reservation area	<ul style="list-style-type: none"> <li>Less likely to have used illicit substances</li> </ul>	American Indians seen at Indian Health Services facility in Arizona and New Mexico	Kunitz, S. J. (2008). Risk factors for polydrug use in a Native American population. <i>Substance Use &amp; Misuse</i> , 43(3-4), 331-339.
Community influences	<ul style="list-style-type: none"> <li>Reflective Processes<sup>1</sup></li> </ul>	Rural Alaska Native Yup'ik youth	Allen, J. et al. (2014). A protective factors model for alcohol abuse and suicide prevention among Alaska Native youth. <i>American Journal of Community Psychology</i> , 54(1-2), 125-139.

1. Developed from the Yup'ik Protective Factors Scale, Umyuangcaryaraq (Reflective Processes) involves having a greater awareness of the potential harms of alcohol use and misuse on the individual, their family, and the Alaska Native way of life.

Protective Factor	Outcome	Population	Citation
<b>Communal mastery (group efficacy)<sup>2</sup></b>	<ul style="list-style-type: none"> <li>Lower odds of polysubstance use</li> </ul>	Youth and young adult tribal members residing on or near a reservation in the Northern Plains	Brockie, T. N. et al. (2022). Cultural protection from polysubstance use among Native American adolescents and young adults. <i>Prevention Science, 23</i> , 1282-1298.
<b>Reconnecting to Culture</b>			
<b>Reconnecting with traditional values</b>	<ul style="list-style-type: none"> <li>Sobriety</li> </ul>	Native American men in a Great Lakes reservation community	Matamonasa-Bennett, A. (2017). "The poison that ruined the nation": Native American men – alcohol, identity, and traditional healing. <i>American Journal of Men's Health, 11</i> (4), 1142-1154.
<b>Programs and Services</b>			
<b>Culturally contextualized mental health treatment</b>	<ul style="list-style-type: none"> <li>Increased self-esteem, positive coping strategies, quality of life, and social adjustment</li> </ul>	Native youth	Asher BlackDeer, A. & Patterson Silver Wolf, D. A. (2020). Evidence mapping: Interventions for American Indian and Alaska Native youth mental health. <i>Journal of Evidence-Based Social Work, 17</i> (1), 49-62.
<b>Embedding AI/AN cultural values into health care/ social service programs</b>	<ul style="list-style-type: none"> <li>Lower risk of fetal alcohol spectrum disorder</li> </ul>	Portland metro area American Indian/Alaska Natives	Gonzales, K. L. et al. (2021). An Indigenous framework of the cycle of fetal alcohol spectrum disorder risk and prevention across generations: Historical trauma, harm, and healing. <i>Ethnicity &amp; Health, 26</i> (2), 280-298.
<b>Adapting interventions to reflect Indigenous lives<sup>3</sup></b>	<ul style="list-style-type: none"> <li>Enhanced effectiveness, appropriateness, and sustainability of school-based substance use prevention programs</li> </ul>	Indigenous adolescents (7-13 years old)	Maina, G. et al. (2020). A scoping review of school-based indigenous substance use treatment prevention in preteens (7-13 years). <i>Substance Abuse Treatment, Prevention, and Policy, 15</i> (74).

2. Communal mastery is used as a measure of resiliency for collectivist cultures.

3. The authors explain this as incorporating cultural beliefs, values, languages, images, or other Indigenous elements into prevention programming.

**Table 2. Attacks on AI/AN Cultural Heritage as a Risk Factor**

Risk Factor	Outcome	Population	Citation
Historical trauma <sup>4</sup>	<ul style="list-style-type: none"> <li>Past month smoking</li> <li>Experimental smoking</li> </ul>	California American Indian youth	Soto, C. et al. (2015). Stressful life events, ethnic identity, historical trauma, and participation in cultural activities: Associations with smoking behaviors among American Indian adolescents in California. <i>Addictive Behaviors</i> , 50, 64-69.
	<ul style="list-style-type: none"> <li>Alcohol use</li> <li>Higher risk of Fetal Alcohol Spectrum Disorder (FASD)</li> </ul>	Portland metro area American Indian/Alaska Natives	Gonzales, K. L. et al. (2021). An Indigenous framework of the cycle of fetal alcohol spectrum disorder risk and prevention across generations: Historical trauma, harm, and healing. <i>Ethnicity &amp; Health</i> , 26(2), 280-298.
Mistrust of Western healthcare systems	<ul style="list-style-type: none"> <li>Higher risk of FASD</li> </ul>	Portland metro area American Indian/Alaska Natives	Gonzales, K. L. et al. (2021). An Indigenous framework of the cycle of fetal alcohol spectrum disorder risk and prevention across generations: Historical trauma, harm, and healing. <i>Ethnicity &amp; Health</i> , 26(2), 280-298.
Negative stereotypes of AI/AN peoples perpetuated by White Americans	<ul style="list-style-type: none"> <li>Excessive alcohol use</li> </ul>	American Indian tribal members	Yuan, N. P. et al. (2010). "Alcohol is something that been with us like a common cold": Community perceptions of American Indian drinking. <i>Substance Use &amp; Misuse</i> , 45(12), 1909-1929.

4. Historical trauma is the "cumulative emotional and psychological wounding over the lifespan and across generations emanating from a massive group experience" (Soto et al, 2015). These experiences include genocide, forced relocation, removal of children, impoverished living conditions, and loss of traditional practices, beliefs, and family systems, among others. The physical and emotional consequences of these actions are transmitted generationally through biological, social, and environmental systems.

# Appendix A.

## Methods

To identify cultural factors, the research team conducted a systematic review of peer-reviewed studies that were written in English and published between 2008 and 2023. This was an update of a search first conducted in 2017 which looked at articles published between 2005 and 2016. Articles were retrieved from multiple, relevant databases (ERIC, PsycARTICLES, Psychology and Behavioral Science Collection, PsycINFO, MEDLINE with full text) using EBSCO search engines.

### The following keywords informed both searches:

- **Substance:** Substance use, substance abuse, alcohol, marijuana, cannabis, opioids, tranquilizers, stimulants, cocaine, binge drinking, heavy episodic drinking, substance dependence, drug overdose, drug abuse, heroin, underage drinking, methamphetamine, morphine
- **Culture:** Culture, acculturation, cultural practices, traditional practices, tradition, ritual, rituals
- **Factors:** Predictor, predictors, risk factor, risk factors, protective factor, protective factors, contributing factor, contributing factors
- **Prevention:** Prevent, prevention, harm reduction
- **Population:** American Indian, Alaska Native, Native American, indigenous, tribal, tribe, tribes

### Studies from both searches were selected for inclusion if they:

- Focused on American Indian or Alaska Native populations; and
- Included cultural factors and outcomes of interest; and
- Examined associations between cultural practices or beliefs and substance misuse-related outcomes; and
- Demonstrated a direct association between the cultural practice or belief and substance misuse-related outcomes; and/or
- Found a direct association between cultural practices or beliefs and risk or protective factors for substance misuse

## Endnotes

- 1 Office of Minority Health. (n.d.). *Profile: American Indian/Alaska Native*. U.S. Department of Health and Human Services. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>
- 2 Indian Health Service. (2023). *Behavioral health*. U.S. Department of Health and Human Services. <https://www.ihs.gov/newsroom/factsheets/behavioralhealth/>
- 3 Indian Health Service. (2019). *Disparities*. U.S. Department of Health and Human Services. <https://www.ihs.gov/newsroom/factsheets/disparities/>
- 4 Soto, C., West, A. E., Ramos, G. G., & Unger, J. B. (2022). Substance and behavioral addictions among American Indian and Alaska Native populations. *International Journal of Environmental Research and Public Health*, 19(5), 2974.
- 5 Schuler, M. S., Schell, T. L., & Wong, E. C. (2021). Racial/ethnic differences in prescription opioid misuse and heroin use among a national sample, 1999-2018. *Drug and Alcohol Dependence*, 221, 108588.
- 6 Cornelius, M. E., Loretan, C. G., Wang, T. W., Jamal, A., & Homa, D. M. (2022). Tobacco product use among adults: United States, 2020. *Morbidity and Mortality Weekly Report*, 71(11), 397-405.
- 7 Hatcher, S. M., Agnew-Brune, C., Anderson, M., Zambrano, L. D., Rose, C. E., Jim, M. A., Baugher, A., Liu, G. S., Patel, S. V., Evans, M. E., Pindyck, T., Dubray, C. L., Rainey, J. J., Chen, J., Sadowski, C., Winglee, K., Penman-Aguilar, A., Dixit, A., Claw, E. ... McCollum, J. (2020). COVID-19 among American Indian and Alaska Native persons: 23 states, January 31-July 2, 2020. *Morbidity and Mortality Weekly Report*, 69(34), 1166-1169.
- 8 Weeks, R. (2021). *New data shows COVID-19's disproportionate impact on American Indian, Alaska Native tribes*. The Hub, Johns Hopkins University. <https://hub.jhu.edu/2021/10/11/map-covid-19-impact-american-indian-population/#:~:text=COVID%2D19%20has%20amplified%20health,infrastructure%2C%20and%20underlying%20health%20disparities>
- 9 Goodluck, C., & Willetto, A. A. A. (2009). *Seeing the protective rainbow: How families survive and thrive in the American Indian and Alaska Native community*. The Annie E. Casey Foundation. [https://tribalinformationexchange.org/files/resources/CharlotteGoodluck\\_HowFamiliesSurviveandThriveinIndiancountry\(1\).pdf](https://tribalinformationexchange.org/files/resources/CharlotteGoodluck_HowFamiliesSurviveandThriveinIndiancountry(1).pdf)
- 10 Goodluck, C., & Willetto, A. A. A. (2009). *Seeing the protective rainbow: How families survive and thrive in the American Indian and Alaska Native community*. The Annie E. Casey Foundation. [https://tribalinformationexchange.org/files/resources/CharlotteGoodluck\\_HowFamiliesSurviveandThriveinIndiancountry\(1\).pdf](https://tribalinformationexchange.org/files/resources/CharlotteGoodluck_HowFamiliesSurviveandThriveinIndiancountry(1).pdf)
- 11 Substance Abuse and Mental Health Services Administration. (2009). *A guide to build cultural awareness: American Indian and Alaska Native*. U.S. Department of Health and Human Services. <https://store.samhsa.gov/sites/default/files/sma08-4354.pdf>
- 12 Oré, C. E., Teufel-Shone, N. I., & Chico-Jarillo, T. M. (2016). American Indian and Alaska Native resilience along the life course and across generations: A literature review. *American Indian and Alaska Native Mental Health Research*, 23(3), 134-157. <https://doi.org/10.5820/aian.2303.2016.134>
- 13 Heath, D. W. (2001). Cultures and substance abuse. *Psychiatric Clinics of North America*, 24(3), 479-496.
- 14 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://store.samhsa.gov/sites/default/files/d7/priv/surgeon-generals-report.pdf>
- 15 Native American Center for Excellence. (n.d.). *Steps for conducting research and evaluation in Native communities*. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.samhsa.gov/sites/default/files/nace-steps-conducting-research-evaluation-native-communities.pdf>

SPTAC is a national training and technical assistance system dedicated to advancing the application of culturally responsive, evidence-informed substance misuse prevention programs guided by SAMHSA's Strategic Prevention Framework.

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